

Neighborhood Networks Community Technology Centers' Assessment and Evaluation

All Neighborhood Networks centers are encouraged to complete the following baseline assessment and evaluation on an annual basis, in conjunction with the project's fiscal year and/or annual financial statement submission. At the minimum, those properties seeking project/HUD funding should provide all the information contained in the following assessment and evaluation report. This is a useful tool to promote and measure the **successes** taking place at the centers. Please complete and return to the local HUD Neighborhood Network Coordinator and Aspen Systems National Contractor.

1. What were your objectives, as outlined in the Business Plan Objective Section, and how well did you succeed?

- Provided _____ residents with access to technology and the Internet this year.
- Provided an opportunity for _____ residents to be involved in the Planning, Implementation, and Daily Maintenance of the Center this year.
- Reduced Welfare Dependency: Enabled _____ of the adult residents on welfare to participate in the program to get off welfare into decently paying jobs this year. As a result of the center's programs, there was a _____% increase (average) in income for _____ adults; _____ residents have moved out to become homeowners; _____ residents are remaining at the apartment complex. Examples of where residents went to work include: _____.
- Expanded Community Based Job Training to _____ of the adult residents who participated in the program this year.
- Provided opportunities to telecommute for _____ residents this year. Employers using telecommuting include: _____.
- Encouraged small business ventures using the community technology center for _____ new and/or _____ established small businesses this year. (Please indicate whether the center served as a business or whether the center served as a resource for resident-owned business(es)).
- Taught Basic Skills and Increased Adult Education Level, including Literacy, ESL, and GED courses, by making educational programs available to _____ adult residents who participated in the program this year. A breakdown of the number of residents who participated in each program is as follows: Literacy _____ ESL _____ GED _____.
- Improved Academic Achievement of School Aged Children by attempting to raise and maintain the educational level on standardized test of _____ children who participated in the program, to the appropriate grade level this year.
- Built Partnerships in the Local Community by creating useful ongoing linkages with _____ other community groups this year. A list of partners and their contributions include:

- Improved Health Care Accessibility and Partnerships by creating useful ongoing linkages with _____ health care providers this year and by making the programs of local health care providers available to _____ residents who participated in the center this year. Please provide information narrative below (or attach to this report):

- Improved Social Service Accessibility and Partnerships by creating useful ongoing linkages with _____ social service providers this year and making the programs of local social service providers available to _____ residents who participated in the center this year.
- Successful created a self sustaining community technology center in year _____. (Achieved? In Progress?)

ASSESSMENT AND EVALUATION REPORT (Continued):

- Other Center Developed Objectives/Goals Met (such as homeownership, support for higher education students, employment placements, job readiness workshops/seminars, connectivity and integration into local community, job bank development, etc.)
2. **SUCCESS STORIES** are very **IMPORTANT!** We want to showcase your successes. Please include any success stories you would like to share below:
3. **Cost Analysis:** How much did the operations of the Community Technology Center cost for the year? What were the funding sources used (including amounts)? For your convenience, the attached accounting form may be used.
4. **Classes Offered/Participation:** What classes were offered? How many residents participated out of the total resident population? For your convenience, a the attached Weekly Calendar may be used.
5. What worked well? What did not work well and why? Additional Comments?
6. **For Centers focusing on Job Skills Training/Employment:** Did you provide job training/placement? How many were trained/placed this year? Of those placed, how many were still in jobs after 90 days? How many jobs have health benefits? What new skills did the residents learn (i.e life skills, decision making skills) that will better prepare them for the post welfare reform era?

ASSESSMENT AND EVALUATION REPORT (Continued):

7. New Objectives for Upcoming Year (Please include what objectives have changed or are no longer being sought).

This Evaluation of the _____ Community Technology Center in _____ (City/State), was prepared by _____ for the period beginning and ending: _____.

(Signature, title, and date)

(Final Version: February 1, 1998)

ACTUAL SOURCES AND USES OF FUNDS FOR THIS YEAR FOR:

(For the Period of: _____)

SOURCES → _____	* Private Donations	Grants	Earned Income from Center (i.e use fees & rent)	* In-kind Donations/ Services	Property/HUD Funds: Please specify if Unit Off-Line, Residual Receipts or Budgeted Rent Increase (\$pupm)	Other (Please Identify)	TOTALS
USES							
Computer Hardware (Please List):	\$	\$	\$	\$	\$	\$	\$
Other Equipment							
Computer Software (All programs will be site-licensed and run through the server.)	\$	\$	\$	\$	\$	\$	\$
Staffing	\$	\$	\$	\$	\$	\$	\$
Maintenance, Insurance, Miscellaneous	\$	\$	\$	\$	\$	\$	\$
Retrofitting/ Security	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$	\$	GRAND TOTAL FOR YEAR 3
							\$

* Please list all partners who provided private and in-kind donations:

NEIGHBORHOOD NETWORKS COMMUNITY TECHNOLOGY CENTERS'
WEEKLY CALENDAR
 (AS OF: _____)

Please Include Time and Activity

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY